

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL097014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/10/2016
NAME OF PROVIDER OR SUPPLIER WILKES COUNTY ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 176 REST HOME ROAD WILKESBORO, NC 28697		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Construction Complaint Survey by Ed Miller and Frank Strickland on February 10, 2016. The Complaint alleged the Facility has physical plant deficiencies. Records indicate this facility was first licensed as a Home for the Aged serving 99 residents on 12-1-1962. Therefore the facility was surveyed for conformance with the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds, and the 1967 North Carolina State Building Code, Group D. The Complaint was substantiated. Deficiencies were noted which require a plan of correction.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with Manager, the facility failed to maintain current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections.	C 111	Facility Administrator Will retain a copy of all current Inspection report in her office to be accessible at all times	4/30/16

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

DATE

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C 111	Continued From page 1 Findings on February 10, 2016: a. Records indicate that the last Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 25 has exceeded the requirement to have the system inspected and tested at least annually to insure that the system works properly,	C 111			
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe manner by not maintaining a clear unobstructed exit path in the corridors to the outside. NC State Building Code requires a six-foot wide corridor. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on February 10, 2016: a. Banking operations were being performed in a small office on the 100 Hall with a line of residents extending to Room 401. Many residents brought chairs to sit in while they waited. When they finished some residents left their chairs in the corridor, decreasing the required six feet width and obstructing the corridors,	C 150			
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT	C 160	Administrator will in service all staff to ensure staff keep the Corridor Clear. Facility OD will monitor 2 time per week for A period of 3 months to ensure compliance.	4/30/16	

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C 189	Continued From page 4 Findings on February 10, 2016: a. In the Corridor near 300 Hall Living the fire alarm system's smoke detector was about to fall off the ceiling. b. In the Corridor near 600 Hall Courtyard door the fire alarm system's smoke detector was missing. c. In the Corridor near Room 305 the fire alarm system's horn was about to fall off the wall. 3. Based on observation, the facility was not maintained in a safe manner by having fire rated doors not close completely in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin. Findings on February 10, 2016: a. The cross-corridor fire door on the 100 hall did not close completely when activated by the fire alarm system because a chair was propping it open. 4. Based on observation, the Building was not maintain in a safe manner, the normal fire load had increased in certain areas. This could affect all residents, staff and visitors if a fire could not be contained adequately. Findings on February 10, 2016: a. Vacant Bedroom 307 was being used to storage combustible materials like mattresses, beds, wood furniture, box, etc. 5. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their frames with acceptable gaps under normal operating conditions. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin.	C 189	Maintenance Director has refastened the device to the ceiling Sombert Security installed a new smoke detector Maintenance Director has refastened the horn to the wall Maintenance Director will monitor all fire alarm devices Monthly to ensure all devices are properly mounted and in good working order. Maintenance Director will adjust hinges and strike Plate to ensure the doors close properly. OD will Supervise to ensure compliance. Facility staff has removed all stored items from room 307. The room will not longer be used for storage OD will Monitor 1 time per week of 1 month.	4/30/16 4/30/16 4/30/16

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C 189	Continued From page 5 Findings on February 10, 2016: a. The corridor door to Bedroom 203 did not latch, 6. Based on observation, the Building was not maintained in proper operating condition, because the exterior door did not close completely, latching in order to keep out the elements, insect, vermin and secure the door. This could affect all residents; staff and visitors by not keep out the elements, insect, vermin and unwanted guests. Findings on February 10, 2016: a. The 600 Hall Courtyard door did not have a latch bolt and the closer had been removed, b. The 300 Hall back exit door's weather stripping was in disrepair not sealing the opening, 7. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through the fire-resistance-rated ceiling construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on February 10, 2016: a. In the Maintenance Office - there were holes through the one-hour fire-resistance-rated ceiling, b. In the Maintenance Office - the one-hour fire-resistance-rated ceiling assembly (constructed of gypsum wall board) had deteriorated leaving open joints in the ceiling, 8. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained safely. This would affect all residents, staff and visitors by allowing unsafe conditions to persist. Findings on February 10, 2016:	C 189	Maintenance Director will adjust the latch to ensure the door closes properly. OD will supervise to ensure compliance. Maintenance Director will replace the latch bolt and Closer to ensure the door closes properly. OD will Monitor to ensure compliance Maintenance Director will replace weather stripping to ensure the door seals properly. Maintenance Director will fill all penetrations will approved fire caulk. OD will monitor to ensure compliance and proper repair. Maintenance Director will fill the penetration with approved Fire caulk. OD will monitor to ensure compliance	4/30/16 4/30/16 4/30/16 4/30/16

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STATE FORM

6858

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If continuation sheet 6 of 8

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C 189	Continued From page 6 a. At the 200 Hall Exit Door - the emergency release switch for the special locking system missing its cover plate, b. In the Maintenance Office - there were two electrical power receptacles missing their cover plates c. In the Maintenance Office - there was one electrical power receptacle that was falling out of the wall, 9. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through the fire-resistance-rated wall construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or Compartment of origin. Findings on February 10, 2016: a. In the Maintenance Office - there was a one inch hole in the wall where a device had been removed, 10. Based on Observation, and interview with Manager, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, unclean conditions and equipment in disrepair. Findings on February 10, 2016: a. In the Laundry - there were three clothes washer (residential size) and three clothes dryers (residential size). Per manager one washer works, one is leaking and may not work and the other one does not work. Per manager one dryer works, one does not work and arrived today to replace the non-working (waiting for gas hookup.) Dirty laundry was accumulating,	C 189	Operations Director has order new covers. Maintenance Director will install new cover over the switches. Maintenance Director has install new covers over the Receptacles, OD will monitor to ensure compliance. Maintenance Director has installed new receptacles and covers Maintenance Director will fill open joints in the ceiling. OD will monitor to ensure compliance. Facility has replaced the wash and dryer that were out of Order Maintenance director will monitor 1 time per week to ensure Laundry equipment to ensure it work properly.	4/30/16 4/30/16 4/30/16 4/30/16 4/30/16

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C 191	Continued From page 7	C 191			
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent the use of electrical space heaters in an Adult Care Home. This could affect all residents, staff and visitors if heater was the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on February 10, 2016: a. In the Maintenance Office a prohibited portable space electric heater was found,	C 191	Facility staff have removed all space heaters and met with resident To ensure they are aware that space heats are not allowed in the facility. Maintenance Director will monitor 1 time per week to ensure facility is free of unapproved equipment		4/30/16

- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

1. Corrective action must begin immediately.
2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by March 15, 2016. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,



Ed Miller

Architect

DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
County Building Inspection Department - with attachment
Lenoir County DSS - with attachment